

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590476

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER	
	1 ST AMENDMENT	DEP.	IND.	DEP.	1 ST AMENDMENT	DEP.	IND.	DEP.	1 ST AMENDMENT
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50									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

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AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER	
	1 ST AMENDMENT	DEP.	IND.	DEP.	1 ST AMENDMENT	DEP.	IND.	DEP.	1 ST AMENDMENT
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TOTAL DEP.									
TOTAL CLAIMS									